

SUPPLEMENTAL REGISTRATION FORM

Instructions

- ! **Print in ink or type.**
! **Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.**
! **This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.**

J. NAME Bird Keith A.
Last First MI

NAME _____
CHANGE _____

2. BUSINESS PHONE (985) 630-3872
(Area Code) Phone Number

3. FAX PHONE (985) 893-9658

4. BUSINESS ADDRESS	304 Wilderness Court	Madisonville	Louisiana	70447
	Street and No.	City	State	Zip

MAILING ADDRESS Same as above

Street and No.	City	State	Zip
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5. EMPLOYER AstraZeneca Pharmaceuticals, LP

6. EMPLOYER'S ADDRESS	1800 Concord Pike, P.O. Box 15437,	Wilmington, Delaware	19650-5737
	Street and No.	City	State Zip

7. Have you ceased or terminated **all** lobbying activities requiring registration? Yes ☒ No ☐

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name **AstraZeneca Pharmaceuticals, LP**

Address 1800 Concord Pike, P.O. Box 15437, Wilmington, Delaware 19850-5737

Business or purpose Matters affecting the pharmaceutical manufacturing and health care industries.

☐ **New Representation**
Does this person pay you?

If No, who pays you? _____

☒ Terminated Representation as of June 22, 2006

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark Date: 11-2-1964

TEAM

3060704

**EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM**

Executive Lobbyist Registration No.

2) Name N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist